	PLACE OF DEATH	Territorial Board of Health
.	Nagrala	REAU OF VITAL STATISTICS 239
,	COUNTY /LCCOCCO	GINAL CERTIFICATE OF DEATH
' ¦	DISTRICT	TERRITORIAL INDEX NO.
.	TOWN CLO	COUNTY REGISTERED NO.
رفعي	OR CITY DI JOSEPHO NO	ST. LOCAL REGISTRAR'S NO
	(If death occurred in a Hospital or Institution give its yans instead of street and number.) FULL NAME MELLE Richards,	
ion.	PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH
correcti	COLOR or RACE SINGLE White X Indian MARRIED WIDOWED OF DIVORCED	DATE OF DEATH (Atonth) J (Day) (Year)
for	DATE OF BIRTH	I hereby certify, that I attended deceased from Mch
returned	Jan 16 1005	1912 to Fra 1913; that I last saw has alive
etm.	(Month) (Day) (Year)	on 1913 and that death occurred on the date
å	AGE J If less than 1 day,min.	stated above atM.The DISEASE or INJURY causing Death
	OCCUPATION (a) Trade, profession or	Was as follows:
certificates	(b) General nature of industry.	
iñc	business, or establishment in which employed (or employer)	
	BIRTHPLACE (State or country)	(Duration) yrs mos days
Incorrect	NAME OF FATHER / (S ())	Was disease pouracled in Arizona? If not, where
ğ	BIRTHPLACE OF STREET OF	CONTRIBUTORY Chrismatin 3 Chora
1	(State or country) Cash Country Utalo	(Duration) / yrs / mos days
7	MAIDEN NAME OF MOTHER CONSU CROSSI	(Signed) Sapell M. D.
3	BIRTHPLACE OF A A A A	9/3 19 7 (Address) Follrook Bry
5	(State or country)	*In deaths from Violent Causes, state (1) Means of Injury;and(2)
)	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	whether Accidental, Suicidal, or Homicidal. LENGTH OF RESIDENCE
1	(Informant) Miss. (Ogra Kuchards)	At place of death Xyrs. 7 mos 15 ds In Arizona yrs. mos ds.
	(Address) St. Joseph aris.	Former or Usual Residence Con Thrusaus
	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL	Filed waterwhile was John Bushman
₹ ·	St Joseph ang 31 10/3.	Local Registrar
	UNDERVAKER ADDRESS	Filed 191 County Registrar.